MAR 2 3 2007

## TRANSMITTAL FORM (to be used for all correspondence after initial filing) Application No. 10/810,735 Filing Date March 25, 2004 First Named Inventor Jick M. Yu Art Unit 2814

Art Unit 2814

Examiner Name Mai, Anh D.

Total Number of Pages in This Submission 15 Attorney Docket Number 42P6934D

ENCLOSURES (check all that apply)						
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC				
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final Affidavits/declaration(s)	Petition to Convert a Provisional Application	Proprietary Information				
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
Express Abandonment Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):				
Information Disclosure Statement	Request for Refund					
PTO/SB/08  Certified Copy of Priority Document(s)	CD, Number of CD(s)  Landscape Table on CD	\				
Response to Missing Parts/ Incomplete Application						
Basic Filing Fee Declaration/POA	Remarks					
Response to Missing - Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Brent E. Vecchia, Reg. No. 48,011						
or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP						
Signature Rut E. Veurre						
Date March 19, 2007						
CERTIFICATE OF MAILING/TRANSMISSION						
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.						
Signature Wending Koston Date March 19,2						

MAR 2 3 2007								
Fatent fees are subject to annual revision.	Application Number Filing Date First Named Inventor	Complete if Known 10/810,735 March 25, 2004 Jick M. Yu						
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name Art Unit	Mai, Anh D. 2814						
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	42p6934D						
METHOD OF PAYMENT (check all that apply)								
Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): ☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below fee(s) ☐ Charge fee(s) indicated below f								
fees should be charged.  FEE CALCULATION								
1. EXTRA CLAIM FEES  Independent Claims  Independent Claims  Independent Claims  Multiple Dependent  Large Entity  Fee Fee Fee Fee Fee Fee Description Code (\$) Code (\$)  1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple Dependent claims in excess of 20 1204 790 2204 395 **Reissue independent claims over original patent code (\$) Code (\$)  SUBTOTAL (1) (\$) 0.00  2. ADDITIONAL FEES Large Entity Small Entity	••°or number	previousty paid, if greater, For Reissues, see below						
Fee Code		Fee Paid						

SUBMITTED BY Complete (if applicable					olete (if applicable)
Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	Eleut E. Veuhre.			Date	03/19/07

(\$)

395 Filing a submission after final rejection (37 CFR § 1.129(a))

395 For each additional invention to be examined (37 CFR § 1.129(b))

SUBTOTAL (2)

1809

2810

790

790

Other fee (specify)

1809

1810